

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Allen 29445

State File No.

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 832	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 5 MIN.		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL				e. STREET ADDRESS (If rural, give location) 419 WEST STATE			
3. NAME OF DECEASED (Type or Print) a. (First) CARROLL		b. (Middle) LEE		c. (Last) BENNETT		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 19, 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 4, 1924	
9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY HIGHWAY DEPT.		11. BIRTHPLACE (City and State or Foreign Country) CRANE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME JOHN BENNETT		13b. MOTHER'S MAIDEN NAME EFFIE EDDINGS		14. NAME OF HUSBAND OR WIFE NADINE BENNETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W W II		16. SOCIAL SECURITY NO. W W II		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NADINE BENNETT SPRINGFIELD, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSHED CHEST ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ACCIDENT DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEAD INJURY				INTERVAL BETWEEN ONSET AND DEATH about 2 HOURS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HWY 65		21c. (CITY, TOWN, OR TOWNSHIP) DALLAS (COUNTY) MISSOURI (STATE)		21d. HOW DID INJURY OCCUR? AUTO ACCIDENT (2-CAR)	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) SEPT. 19, 1955 m.		21f. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 19 SEPT , 1955, and that death occurred at 6:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Jerry H. Allen M.D.				23b. ADDRESS 1211 S. GLENSTONE		23c. DATE SIGNED 20 Sept 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT. 19, 1955		24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		24d. LOCATION (City, town, or county) (State) CRANE, MISSOURI	
DATE REC'D BY LOCAL REG. 9-21-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO. By Gene Hunter			

(Licensed Embalmer's Statement - Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1955

SEP 27 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 473

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.